

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/247502

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			0
2						0
3						0
4						0
5						0
6						0
7					cancel	0
8					cancel	0
9						0
10			cancel		cancel	0
11						0
12						0
13						0
14						0
15					cancel	0
16						0
17					cancel	0
18						0
19						0
20						0
21						0
22						0
23	1		cancel		cancel	0
24			cancel		cancel	0
25						0
26						0
27						0
28						0
29						0
30						0
31						0
32					cancel	0
33						0
34						0
35						0
36						0
37	1		cancel		cancel	0
38			cancel		cancel	0
39			cancel		cancel	0
40						0
41						0
42						0
43						0
44						0
45						0
46						0
47						0
48						0
49						0
50						0
TOTAL IND.	5		6		3	
TOTAL DEP.	54		27		27	
TOTAL CLAIMS	59		33		30	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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56						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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1						
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32	1					
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50						
TOTAL IND.	2					
TOTAL DEP.	0					
TOTAL CLAIMS	2					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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